TOXICOLOGY · SCREEN PANEL

Urine Drug Screen

Immunoassay screen with reflex to LC-MS/MS confirmation

PRETORIAN LABS

Toxicology Screen Panel · v1.0 · 2026

An enzyme immunoassay covering 11 drug categories. The screen answers **"is anything here?"** at the class level; presumptive positives reflex automatically to LC-MS/MS confirmation, which names the specific analyte and quantitates it.

WHY RUN A SCREEN ALONGSIDE CONFIRMATION

Same-day results 01

Screen data is published the **same day we receive the specimen**. Providers get an early read on what they may be dealing with while confirmation is still in process — enough to inform an immediate conversation with the patient, or a decision that can't wait.

A second, independent dataset 02

Screen and confirmation run on **two separate aliquots of the original specimen, through two entirely different workflows**. Agreement corroborates the confirmation by an independent method. Disagreement is itself information — it can surface contamination or a handling issue one workflow alone would never reveal.

Confirmation reaches lower 03

Screen thresholds sit above confirmation thresholds for most targets. **Cocaine screens at 150 ng/mL but confirms at 50** — a patient at 100 ng/mL screens Not Detected yet confirms positive. That is a result the provider wants.

Opiates **300 → 50** · Amphetamine **500 → 100** · Benzodiazepines **200 → 50**

SCREEN PANEL · 11 TARGETS

SCREEN TARGET	CUTOFF	REPRESENTATIVE DRUGS DETECTED
Amphetamine	**500 ng/mL**	Amphetamine, dextroamphetamine (Adderall), lisdexamfetamine (Vyvanse)
Barbiturates	**200 ng/mL**	Butalbital, phenobarbital, secobarbital
Benzodiazepines	**200 ng/mL**	Alprazolam, clonazepam, diazepam, lorazepam, temazepam
Buprenorphine	**5 ng/mL**	Suboxone, Subutex, Sublocade
Cannabinoids THC	**50 ng/mL**	Marijuana and THC-containing products
Cocaine	**150 ng/mL**	Cocaine and its metabolite benzoylecgonine
Fentanyl	**2 ng/mL**	Fentanyl and norfentanyl
Methadone Metabolite (EDDP)	**100 ng/mL**	Confirms methadone was metabolized, not added to the specimen
Methamphetamine	**500 ng/mL**	Methamphetamine; D/L isomer resolved on confirmation
Opiates	**300 ng/mL**	Codeine, morphine, heroin (6-AM)
Oxycodone	**100 ng/mL**	OxyContin, Percocet, oxymorphone

READING A SCREEN RESULT

Detected means the class was present at or above the cutoff — presumptive positive, pending confirmation. **Not Detected** means it was absent or below cutoff; that does not prove the patient took nothing, only that nothing reached the threshold. Cutoffs are reporting thresholds, not measures of impairment or dose.

EVERY SPECIMEN IS CHECKED FOR VALIDITY

Before results are released we measure **creatinine, pH, and specific gravity** — together they tell you whether this is normal, undiluted urine, or a specimen too dilute or altered for a negative to carry much weight. Findings appear at the top of every report; for ranges and next steps see our **Specimen Validity Interpretation** guide.

COMMON GAPS A SCREEN ALONE WILL MISS

Synthetic and semi-synthetic opioids. The opiate target detects only morphine-like compounds; oxycodone, buprenorphine, fentanyl, and methadone each need their own — all four are covered here, methadone via EDDP.

Specific benzodiazepines. The class screen responds unevenly; clonazepam and lorazepam may not trigger it at therapeutic doses. Confirmation identifies eight.

D/L methamphetamine. The screen cannot separate the illicit D-isomer from OTC L-methamphetamine; confirmation resolves this automatically.

Anything not on this list. PCP, alcohol biomarkers, antidepressants, gabapentinoids, muscle relaxants, xylazine, and fentanyl analogues are confirmation-only.

Regulatory. All urine EIA screen assays are 510(k) cleared by the FDA except the fentanyl screen assay, which, like all confirmation tests, is a Pretorian Labs laboratory developed test. LDTs are not FDA cleared or approved; the FDA does not require such review. CLIA-certified for high complexity testing. For clinical use, not research use. Panel is subject to change; confirm current offerings with your account manager.